

FILED MAR 22 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

Registrar's No. 243

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. Meth. Hosp. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 Da  
(Specify whether  
In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town Easton Burgl  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary A. Stelzer  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 11  
year 1944 hour 3 minute 9 M.  
21. I hereby certify that I attended the deceased from  
2-23- 1944, to 3-11 1944;  
that I last saw her alive on 3-11 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 21 1857  
(Month) (Day) (Year)

Immediate cause of death Myocarditis Chr. Duration 2  
Due to Heart Disease, Arteriosclerotic 9  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 86 Months 6 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Buchanan Co Mo O  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

MOTHER, FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Caswell Goodman  
13. Birthplace N. Carl.  
(City, town, or county) (State or foreign country)  
14. Maiden name Polyana Blakely  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Bertha Nines  
(b) Address St Joseph, Mo  
17. (a) Burial (b) Date thereof 3-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Blakely Cem.  
18. (a) Signature of funeral director Fleemontson Inc  
(b) Address St Joseph, Mo.  
19. (a) 3-14-44 (b) Rose Heitz  
(Date received local registrar) (Registrar's signature)

23. Signature W. C. ... (M. D. or other) \_\_\_\_\_  
Address Phys. Surgs. Bldg Date signed 3-13-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKES A

**STATEMENT BY LICENSED EMBALMER.**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

*Robert H. Gable*

Licensed Embalmer No.

*3308*

P. O. Address

*St Joseph Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**